

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012694

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

274

Primary Registration District No.

2052

Registrar's No.

115

FILED APR 5 1963

VS 300  
Rev. 4/59

1 0808

2 08082

3

4 0

5 0

6

7 0

8 0

97625

10

11

12 1-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

## a. COUNTY

Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Sedalia

## Length of stay in 1b

20 Hours

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Bothwell Memorial Hospital

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

## a. STATE

Missouri

## b. COUNTY

Pettis

## Inside Limits

Yes ☒ No ☐c. CITY  
OR  
TOWN Sedaliad. STREET  
ADDRESS

324 North Prospect.

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

## (Type or print)

## First

Ricky

## Middle

Don

## Last

Robinson

4. DATE  
OF  
DEATH

April 1, 1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

3/31/63

## 9. AGE (last birthday)

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Sedalia, Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

John Marshall Robinson III

## 13b. MOTHER'S MAIDEN NAME

Flora Mae Parks

## 14. NAME OF HUSBAND OR WIFE

Flora Mae Robinson

## Address

324 North Prospect

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

18. CAUSE OF DEATH (Enter only one cause per  
PART I. DEATH WAS CAUSED BY

## IMMEDIATE CAUSE (a)

Pulmonary Abscess  
Premature (6 mos)INTERVAL BETWEEN  
ONSET AND DEATH

16 hrs

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 3-31-63 to 4-1-63 and last saw him alive on 3-31-63  
Death occurred at 1:10 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## (Degree or title)

## 22b. ADDRESS

Woodland Bldg, Sedalia Mo

## 22c. DATE SIGNED

4-1-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

4/2/63

## 23c. NAME OF CEMETERY OR CREMATORY

Crown Hill Cemetery

## 23d. LOCATION (City, town, or county)

Sedalia, Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

April 2, 1963

## 26. REGISTRAR'S SIGNATURE

Francis Shelby  
H. Anderson

USE BLACK INK

OR

TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*R. E. Baker*

Licensed Embalmer No. 2419

P. O. Address

*Seclavia mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.